

- Patients with hypertension with additional cardiovascular risk factors or cardiovascular or renal disease are more suitable to receive several antihypertensive drugs to achieve blood pressure (BP) control.
- Studies with olmesartan or olmesartan-derived combinations (with hydrochlorothiazide, amlodipine, or both) indicate that this drug has a long duration of action and effectively reduces ambulatory BP monitoring-derived parameters, such as 24-hour, daytime, and night-time BP, reaching ambulatory BP control in a high proportion of patients.
- Moreover olmesartan effectively reduces morning BP, as measured at home (immediately after awakening); morning BP is a stronger prognostic indicator, as compared with office BP measurement.
- Olmesartan does not affect the circadian BP pattern, and its effects are not different when administered in the morning or in the evening.
- The combination of olmesartan with calcium channel blockers has a greater impact on day-to-day BP variability, in comparison to the diuretic combination, and this seems to be associated with more pronounced effects on arterial stiffness, which in turn can be more protective from cardiovascular disease development.

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